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MEMORANDUM

TO: The Honorable Mark Jansen & Members
Michigan State Senate
Senate Reforms, Restructuring and Reinvention Committee

FROM: Felicia Wasson, Associate State Director-Government Affairs 

DATE: February 6, 2013

RE: Senate Bill 2

AARP is a nonprofit, nonpartisan 501(c) (4) social welfare organization that advocates on issues that matter to people aged 50 and over, and their families. More than 1.4 million Michigan citizens are AARP members. We are committed to championing access to affordable, quality health care for all generations, and are pleased to have the opportunity to provide these comments.

AARP strongly supports SB 2. The purpose of this bill is to increase consumers' access to healthcare by supporting and allowing full utilization of advanced practice registered nurses (APRNs). Section 17201 of this bill defines three APRN roles: certified nurse midwife, certified nurse practitioners, and certified clinical nurse specialist.

An APRN is a nurse:

- who has completed an accredited graduate-level education program
- who has passed a national certification examination
- who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients
- whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge
- who is educationally prepared to assess, diagnose and manage a patient's health care, which includes the use and prescription of pharmacologic and non-pharmacologic interventions
- who has clinical experience of sufficient depth and knowledge

This bill includes several sections that would significantly impact consumers' access to care:

1. Section 17202 of this bill would ensure that Michigan's APRNs possess all the APRN qualifications bulleted above, and
 - comply with national professional practice standards, and
 - consult with or refer patients to physicians and other health professionals
2. Section 17708 adds licensed APRNs to the list of "prescribers" able to administer and prescribe therapeutic pharmaceutical agents.

3. Section 17212 stipulates that APRNs who have completed graduate education in pharmacology, pathophysiology, and physical assessment courses as well as supervised clinical practicum may prescribe medications, including controlled substances, such as codeine in cough syrups, attention deficit disorder drugs, and narcotic pain medications.

Overall, this bill would allow our state's APRNs to continue to write prescriptions, assess and diagnose a person's ailments, and refer their patients to specialists. This bill removes the Delegation of Prescriptive Authority Agreement that is currently required by the Board of Medicine administrative rules to be reviewed annually by a collaborating physician. Decades of evidence demonstrates that advanced practice registered nurses provide as high quality health care to consumers as do physicians. This high quality of care is evident whether or not advanced practice registered nurses are supervised by or are in a restrictive collaborative agreement with physicians. Currently, APRNs successfully prescribe medications without physician oversight in 16 states and the District of Columbia.

The changes brought about by this bill would increase consumers' access to care, especially in rural and urban underserved areas where there is a lack of available physicians with whom the nurse currently needs to enter into a prescriptive agreement. Currently, according to the federal government's Health Services and Resources Administration, Michigan has 751 medically underserved areas or populations where there are not enough clinicians to care for people living there. Consumers in these areas and all areas of the state would experience improved access to care because APRNs who are in those areas would be able to expeditiously provide the full range of primary care, should this bill become law.

AARP Michigan is deeply appreciative of the primary care and chronic care management provided by both physicians and advanced practice registered nurses. We need to be certain, however, that our members and all health care consumers can access a primary care provider when and where they need one. This bill would help ensure such access to care.

Thank you for the opportunity to provide comments on SB 2. Please feel free to contact me if you have any questions or if there is any further information that AARP can provide.
